

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Phoenix Area Indian Health Service
Office of Human Resources, Two Renaissance Square
40 North Central Avenue, Suite 510, Phoenix, AZ 85004-4424

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In other than the above, the Indian Health Service is an Equal Opportunity Employer.

DIRECT HIRE AUTHORITY VACANCY ANNOUNCEMENT

These positions are being filled through Office of Personnel Management's delegated Direct Hire Authority (DHA). The Direct Hire Authority has been authorized by the Homeland Security Act of 2002 and Part 337, Subpart B, Title 5 of the Code of Federal Regulations (5 CFR). If filled utilizing DHA, the following is applicable: all applicants who meet the basic qualification requirements will be forwarded to the Selecting Official for consideration. The 'rule of three,' Veteran's preference and traditional rating and ranking of applicants do not apply to the Direct Hire process. Indian Preference does apply.

WHO MAY APPLY: Any U.S. Citizen

This notice is issued under the direct-hire authority to recruit new talent to occupations for which the Department of Health and Human services has a severe shortage of candidates or a critical hiring need. As such, this notice is targeted to who are **qualified United States citizens and are not current permanent Federal employees, have had previous Federal Services, and USPHS Commissioned Officers**. For those with current civil service status or have reinstatement eligibility, must apply to vacancy announcement (SWR-10-0333), posted through the local Human Resources Department and are not eligible for a Direct Hire Authority (DHA) appointment.

ANNOUNCEMENT NUMBER:
SWR-10-0333-DHA

OPENING DATE:
05-24-2010

CLOSING DATE:
06-14-2010

POSITION TITLE/SERIES/GRADE:	Community Health Nurse, Salt River Clinic, GS-0610-11
SALARY:	GS-11: \$67,047 - \$82,131 per annum * Special Rate authorized under 5 USC 5305*
PROMOTION POTENTIAL:	None
SUPERVISORY/MANAGERIAL:	No
RELOCATION EXPENSES:	The Indian Health Service may or may not pay or assume liability for personal travel, moving expenses, or other relocation costs incurred in accepting employment. To be determined on a case-by-case basis.
HOUSING:	Private Housing Only
NUMBER OF POSITIONS:	(1) One
APPOINTMENT/WORK SCHEDULE:	Permanent Full-Time
AREA OF CONSIDERATION:	All Sources
DUTY LOCATIONS:	Phoenix Indian Medical Center, Salt River Clinic, Phoenix, AZ

JOB DESCRIPTION: The Incumbent serves as Community Health Nurse, advisor and provider of comprehensive nursing services to individuals and families in the community. The incumbent develops or participates in the development of comprehensive community health nursing plans related to such services as: maternal and child health, chronic and communicable disease control, mental health, health care teaching and supervision; and case finding, referral and follow-up. Carries out community health plans by conducting visits to homes, communities, schools and clinics to provide patient care, counseling, and instruction in preventive, curative and rehabilitative health matters; participating in health services such as special clinics and immunization and skin test programs; and by coordinating patient care with medical and ancillary care resources. Serves as the resource person in program planning; providing in-service education and other training; conducting case conferences with other health care providers. Incumbent maintains records and reports on patients. Performs other duties as assigned.

REASONABLE ACCOMMODATION: Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service. If you need reasonable accommodation for any part of the application process please contact the Human Resources Office. The decision on granting reasonable accommodation will be on a case-by-case basis.

CONDITIONS OF EMPLOYMENT:

1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently
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- pregnant. Selectee must have documented immunity to Rubella and Measles.
2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
 3. Selectee(s) are required to complete a "Declaration of Federal Employment – Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
 4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
 5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
 6. Some service units operate under extended service hours 7 days per week.
 7. The incumbent may be required to travel and must possess a valid driver's license.
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QUALIFICATION REQUIREMENTS: Applicants must meet the following educational, training, and registration listed below, in addition to the required specialized experience:

Basic Requirements - All applicants must meet the three requirements listed below in addition to the required specialized experience:

- 1) Degree or diploma from a professional nursing program approved by the legally designated State accrediting agency at the time the program was completed by the applicant, (Copy of your college transcripts. Unofficial copies are acceptable but official transcripts will be required if selected) AND
- 2) Applicants for Community Health nurse positions at GS-05 and above must have graduated from a baccalaureate or higher degree-nursing program.
- 3) Licensure: Applicants must have active, current registration as a professional nurse in a State, District of Columbia, the Columbia, the commonwealth of Puerto Rico, or a territory of the United States.

Additional Requirements - In addition to meeting the basic entry qualification requirements above, applicants must have specialized experience and/or directly related education.

GS-11: Completion of all requirements for a doctoral degree (Ph.D. or equivalent) or 3 full years of progressively higher level of graduate education **OR** 1 year specialized experience equivalent to at least the GS-9 level.

Specialized Experience: Experience that equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position, and that is typically in or related to the work of the position to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade level in the normal line of progression for the occupation in the organization.

Examples of Specialized Experience: Experience as a Public Health Nurse/Community Health Nurse providing a full range of professional community health nursing principles, practices and procedures. Work experience and skill in planning, coordinating and implementing screening programs and other disease prevention services. (See also Brief Description of Duties).

Selective Placement Factor: None

Your description of work experience, level of responsibility, and accomplishments will be used to determine that you meet these requirements.

METHODS OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated.

ICTAP/CTAP: Individuals who have special priority selection rights under the Agency Career Transition Assistance Program (CTAP) or the Interagency Career Transition Assistance Program (ICTAP) must be well qualified for the position to receive consideration for special priority selection. Basis for Rating for definition of 'well qualified' is a numerical rating of 85, determined from your responses to the KSAs (see 'Knowledge, Skills, and Abilities' section above).

Federal employees seeking CTAP/ICTAP eligibility must submit proof that they meet the requirements of 5 CFR 330.605 (a) for CTAP and 5 CFR 330.704 for ICTAP. This includes a copy of the agency notice, a copy of their most recent Performance Rating and a copy of their most recent SF-50 noting current position, grade level, and duty location. Please annotate your application to reflect that you are applying as a CTAP or ICTAP eligible.

HOW TO APPLY:

Your resume and/or supporting documents will be verified. Please follow all instructions carefully as errors or omissions may affect your consideration for employment.

REQUIRED FORMS: The following documents are required to complete the application process. Incomplete applications will not be considered.

1. Applicants may use one of the following to apply:
A) OF-612, Optional Application for Federal Employment, available at: http://www.opm.gov/forms/pdf_fill/of612.pdf, or
B) Resume that must include **1) starting and ending dates of employment in month/year format and 2) hours of work per week. Example: Jan 08 – Dec 08, 40 hrs/wk** (see Attachment A for additional information).
2. Completed PL 101-630 Questionnaire (Indian Child Care Worker Position), form attached. And the Declaration for Federal Employment (OF-306), available at: http://www.opm.gov/forms/pdf_fill/of0306.pdf
3. Copy of your college transcripts. Unofficial copies are acceptable but official transcripts will be required if selected.
4. Copy of current unrestricted Nursing License.
6. Indian Preference applicants, if claiming preference, applicants must provide *a completed copy of the current Form BIA-4432, "Verification of Indian Preference for Employment in BIA and IHS."* Indian preference will not be given unless the current form is submitted with your application, including all official records that document your status i.e., tribal enrollment, State or academic records, records that establish your degree of Indian blood (census records). You must also complete the family history chart if necessary, (see the instructions for completing the form on the BIA-4432). The BIA-4432 form may be obtained from your tribal enrollment office. Certificates of Indian Blood (CIB) and Tribal IDs are NOT ACCEPTABLE documents.

All submitted materials are subject to retention by this office. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS). You should duplicate and retain copies, since requests for copies will not be honored.

Your application and required forms must be received no later than the closing date of this announcement:

- Mailed or hand-carried applications to the address below prior to 4:30 PM MST, or
- Fax applications, include a fax cover page with the vacancy announcement number and total number of pages being sent, before 11:59 PM MST (this office is not responsible for incomplete transmissions), or
- Completed E-mailed application packets (see "Required Forms" above) will be accepted to: stephen.navarro@ihs.gov before 11:59 PM MST. You must include the vacancy announcement number in the subject box, failure to do so will result in loss of consideration. Once your application is received it will be printed for the recruit file and then deleted.

NO ADDITIONAL INFORMATION WILL BE SOLICITED FROM APPLICANTS.

Your application must be identified by this announcement number and submitted to the address below:

**ATTN: SWR-10-0333-DHA
Office of Human Resources
Phoenix Area Indian Health Service
Two renaissance Square
40 North Central Avenue, Suite 510
Phoenix, AZ 85004**

**Phone: (602) 364-5219
Fax: (602) 364-5176**

CONTACT INFORMATION

For questions you may contact Steve Navarro, Nurse Recruiter at (602) 364-5222.

WHAT TO EXPECT NEXT:

Once the announcement closes we will conduct an evaluation of your qualifications and determine your eligibility. Eligible candidates will be referred to the hiring manager with qualified Indian Preference applicants receiving first consideration. We expect to make a selection within 30 days of the closing date of this announcement. You will be notified of the outcome via mailed correspondence.

IHS is a Smoke-free Facility

ATTACHMENT A

Resume Requirements - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
 - Job Title (if Federal employment, indicate series and grade)
 - Duties and Accomplishments
 - Employer's name and Address
 - Employer's name and phone number
 - Starting and ending dates of employment (month/year)
 - Hours of work per week
 - Salary
 - Indicate if you do not want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc).

Indicate if you do not want your current supervisor contacted for reference purposes.

Addendum to Declaration for Federal Employment (OF 306)
Indian Health Service
Child Care & Indian Child Care Worker Positions

Item 15a. Agency Specific Questions

Name: _____ **Social Security Number:** _____
(Please print)

Job Title in Announcement: Community Health Nurse, (Salt River Clinic) **Announcement Number:** SWR-10-0333-DHA

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

- 1) Have you ever been arrested for or charged with a crime involving a child? YES _____ NO _____

[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YES _____ NO _____

[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant=s Signature (sign in ink)

Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852.
Please do not send completed data collection instruments to this address.